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ABSTRACT

Fischer presented a methodological framework which combined empirical methods of data collection with interpretive and philosophical approaches to provide a useful model for studying mental health policy for children and adolescents. The levels of the method include: (1) study of cause-effect relationships; (2) phenomenological analysis to interpret situations; (3) behavioral systems approach to relate values and system variables; and (4) political and social philosophy comparisons of political and social life. This study used Fischer's framework to survey state mental health agencies about the status of child and adolescent mental health standards in each state. In the first level, a state-level survey of community mental health directors and children's service coordinators used an empirical approach to rank factors influencing policy and service systems. At the second level, interviews with stakeholders in the mental health system probed for factors influencing policy. For the third level, the national standards survey provided a glimpse of system-wide behavior on the use of mental health standards. A fourth level values analysis was not undertaken. Future research might combine Fischer's framework with Elmore's backward mapping approach. (ABL)

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Mental Health Policy for Children and Youth: A Methodological Framework and Initial Findings

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Mental Health Policy for Children and Youth:
A Methodological Framework and Initial Findings

Psychologists typically espouse principles within a positivist-empiricist philosophy of science (Buss, 1975). When they have operated on these principles in the mental health policy arena, however, they have often been disappointed and frustrated. Mental health interventions rich in theory and research-proven effectiveness have either not typically been adopted or, if adopted, not successfully or faithfully implemented (e.g., see the experiences of the Fairweather Lodge for community treatment of chronic mental patients [Fairweather, 1980; Fairweather, Sanders, & Tornatzky, 1974; Fairweather & Tornatzky, 1977] and of Project Re-ED for the ecologically-oriented treatment of emotionally disturbed children [Hobbs, 1979, 1982]). There have been discrepancies between expectations and reality and between theory and practice. We present and offer supportive evidence for a methodological framework--growing from an attempt to develop and implement child and adolescent mental health standards--intended to help psychologists better understand and study the many facets of mental health policy.

The integration of the rigorous methodology of positivistic-empiricism, called Paradigm I (Sampson, 1978), with an alternative Paradigm II approach incorporating historical, value, and ethical sensitivity has been called for in the social sciences in general (Bakan, 1966; Gergen, 1978; Sarason, 1984) and in policy analysis in particular (Miller, 1984; Reppucci & Sarason, 1979; Shadish, 1984). In that regard, Fischer (1980) presented a methodological framework for researching policy issues that combines both empirical and interpretive approaches. In this framework four levels of analysis correspond with four methods and modes of explanation. At the first level, cause-effect relationships are studied, as in the experiment or evaluation research. At the second level, phenomenological analysis involving qualitative methods is used to describe and interpret situations. At the third level, the behavioral systems approach is used to relate values and system variables. At the fourth level, political and social philosophy compares differing ways of political and social life. In the first and third levels, empirical methods of data collection and analysis are used; and in the second and fourth levels, interpretive and philosophic approaches. "Instead of competing methodologies, they can be viewed as coexisting perspectives on the same social reality, each with its own type of data and internal logic" (Fischer, 1980, p. 173). We argue that this framework provides a needed model for social scientists who wish to understand the policy process and ways to enhance the implementation of effective programs for children and adolescents.

METHOD

The present study is one part of a continuing program of research on mental health policy for children and adolescents. In order to do justice to this complex topic, a multifacited method was used. At the national level, there was a survey of state mental health agencies, by phone and in writing, requesting information on the status of child and adolescent mental health standards in each state.

In one particular state, there were three facets:

1. Directors and children's service coordinators in each community mental health center (CMCH) across the state were surveyed through a multiple choice instrument asking about perceived strengths and gaps in the service system and factors that, in their opinion, had influenced recent changes in patterns of care.

2. Archival data published by this particular state's mental health agency were reviewed to draw information on the level of mental health services delivered to children and adolescents through programs affiliated with the state agency. These data included planning documents, reports, and information on client and service characteristics from the computerized management information system.

3. In-depth interviews were conducted in two phases within a qualitative research framework. The 67 interviewees were key figures in the development of the state's mental health system over the past 30 years as well as current participants at several levels of the system. They included: former and present members of the state's mental health agency; other state executives; program administrators and direct service providers of both residential and community programs; members of professional associations and advocacy groups; and state legislators. These open ended interviews were coded for mention of factors that had influenced the policy making process. (For a more extensive description of this phase of this study, see Heflinger & Dokecki, 1985.)

RESULTS

With these multiple methods and data sources, we have obviously amassed a wealth of information that is beyond the scope of this paper. What we describe are the general findings related to discrepancies between expectations and reality and between theory and practice.

First we have a set of expectations of what, to happen in the rational, fact-finding, problem-solving, treatment-focused mode of Paradigm I:

1. That policy planning incorporates social science findings on model approaches and effective interventions.

2. That the service delivery system is addressing the needs of children and adolescents. The prevalence of those in need of immediate and direct mental health intervention has been estimated at the minimum of 11.8% of all children (Gould, Wunsch-Hitzig, & Dohrenwend, 1981), with an additional 2-12% at risk (Lieberman, 1975), needing early identification and early intervention.

3. That a comprehensive approach is needed that would ensure an array of services, a continuum of care ranging from non-restrictive, primary prevention activities in the community, through early intervention and outpatient treatment, to residential and inpatient services, with these services provided in the least restrictive setting possible (Hobbs, 1982; Knitzer, 1982, 1984).

4. That mental health standards specifically addressing the needs of children, adolescents, and their families, should be used by state agencies as a method of mandating and regulating such a system of care (Knitzer, 1982).

What we have found, however, suggests the importance of Paradigm II concerns:

1. Scientific and professional factors were ranked at the bottom in terms of influencing mental health policy making in either the recent or more distant past, with economic and political factors at or near the top for every group of interviewees.

2. Only 1% of the state's population of children and adolescents were being served by the state affiliated mental health system.

3. A continuum of care is not available for children and their families within the mental health system, and current organizational and fiscal incentives promote the development of more restrictive rather than less restrictive and preventive programs.

4. Mental health standards specifically addressing the needs of children and their families were being used in only a handful of states. Furthermore, community mental health center directors, who as a group are quite active in lobbying the state mental health agency regarding regulation issues, are for the most part opposed to the development of child specific mental health standards.

DISCUSSION

Looking back to the framework discussed earlier, we have employed three of the four levels in our search to understand better the child and adolescent mental health policy process. At the first level, a state-level survey of CMHC directors and children's service coordinators used an empirical approach to rank factors influencing policy and service system strengths and weaknesses. As well, data from the state mental health agency's management information system were used to look at patterns of service delivery. At the second level, the in-depth interviews of stakeholders in the mental health system probed for factors that had influenced policy and perceived changes in the system from an interpretive perspective. These data were used to enrich our understanding beyond that provided at the first level. A review of archival data and the professional literature was similarly used to enrich our understanding of the issues. At the next level, the national standards survey provided a brief glimpse of system-wide behavior on the use of mental health standards as a means of regulating and coordinating the service system.

What is missing is a values analysis at the fourth level. It is perhaps at this level that the social science and policy making worlds are most discrepant--"two communities," separate cultures holding distinctly different beliefs (Caplan, Morrison, & Stambaugh, 1975). The treatment/effectiveness focus of the developmental and clinical psychology can be contrasted with the political/fiscal focus of mental health policy and service delivery system. The values of human development and community (Dokecki, 1983; Hobbs, Dokecki, Hoover-Dempsey, Moroney, Shayne, & Weeks, 1984; Moroney, 1980; Moroney & Dokecki, 1984) are at odds with those of individualism and the medical model upon which the mental health system was established. Understanding this values conflict is crucial for social scientists who operate in the policy culture.

To conclude our presentation, we emphasize the need for future research about the discrepancies mentioned today. Our plans in this area include using Fischer's (1980) four-level framework in combination with Elmore's (1983) backward mapping approach to policy implementation analysis. Briefly, this will begin with a values analysis at the fourth level of the current and recommended policy goals. The recommended goals would then use social science research on treatment effectiveness at level one to define needed interventions. Then, using level one empirical and level two interpretive methods to discover factors, incentives, and capacities that influence implementation, we will begin to map backward, up the system from direct service to administrative to regulatory levels. Level three behavioral systems analysis would also be incorporated.

This multilevel and multifacited approach would provide social scientists in the policy arena with the deeper understanding of the policy process and thus the opportunity to enhance the implementation of effective programs for children and their families.

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Table 1

Levels of Evaluative Logic as Related to the Social Sciences

Levels of Evaluative Logic	Social Science Methodology	The Role of Empirical Science	Mode of Inference
Verification	Evaluation Research	Emphasis on research design and controlled experimentation Reliability through statistical analysis Knowledge of secondary consequences	Causal explanation Knowledge of facts sufficient Formal inference
Validation	Phenomenological Analysis	Descriptive facts of the situation Application of causal knowledge about consequences of following a rule	Interpretive understanding Knowledge of facts necessary but not sufficient Inference based on informal logic
Vindication	Behavioral Systems Approach	Descriptive knowledge of de facto individual and group values Empirical data about instrumental and contributive consequences	Causal explanation Knowledge of facts sufficient Formal inference
Rational Choice	Political Philosophy	Experiential knowledge about alternative ways of life Knowledge of human nature	Interpretive speculation Vision, imagination and logical speculation Knowledge of facts necessary but not sufficient

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